

8908

CERTIFICATE OF DEATH

8907

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence, before admission) a. STATE <u>Ind</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>			
c. LENGTH OF STAY IN TB <u>2 days</u>				d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				d. STREET ADDRESS <u>—</u>			
3. NAME OF DECEASED (Type or print) <u>Nellie L. Bond</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>2</u> Year <u>1958</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 15 1887</u>	9. AGE (In years last birthday) <u>70</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Calvert Co., Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Richard L. Lyles</u>				14. MOTHER'S MAIDEN NAME <u>Frances Jane Freeland</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT Address <u>Mrs George H. Turner - Prince Frederick Ind.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pyelonephritis</u> <u>260X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Parkinson's disease (part healed) 9 years</u> DUE TO (c) <u>Diabetes Mellitus</u> 3 months						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>July 19</u> , 19 <u>58</u> , to <u>Aug 2</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Aug 1</u> , 19 <u>58</u> , and that death occurred at <u>—</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED <u>PRINCE FREDERICK 5/18</u>							
ACTUAL SIGNATURE <u>Nellie L. Bond</u> M.D. <u>PRINCE FREDERICK</u>				PHYSICIAN'S NAME (Type) <u>PRINCE FREDERICK</u>			
22a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Aug. 4, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Prince Frederick - Calvert Co - Ind</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Workman & Son - Mutual, Ind.</u>				24a. REC'D BY REGISTRAR <u>Aug 6 '58</u>		24b. REGISTRAR'S SIGNATURE <u>—</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: A death certificate has been signed by the attending physician and is hereby filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

100

CERTIFICATE OF DEATH

Reg. Dist. No.

8909

1. PLACE OF DEATH a. COUNTY Calvert b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick c. LENGTH OF STAY IN 1b Calvert County Hospital		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach d. STREET ADDRESS 1	
3. NAME OF DECEASED (Type or print) Patrick Thomas Patrick Carton		4. DATE OF DEATH Month August Day 2 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/8/93
9. AGE (In years last birthday) 65 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		12. KIND OF BUSINESS OR INDUSTRY Real Estate	
13. BIRTHPLACE (State or foreign country) Ireland		14. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. FATHER'S NAME Andrew Carton		16. MOTHER'S MAIDEN NAME Roseanna McGuire	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		18. SOCIAL SECURITY NO. ?	
19. INFORMANT Family		Address	
20. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure - 153.0 DUE TO Carcinomatous - Ca. of Caecum. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 Months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension - July 25 - 150/100 - 160/100 - 170/100 - 180/100 - 190/100 - 200/100 - 210/100 - 220/100 - 230/100 - 240/100 - 250/100 - 260/100 - 270/100 - 280/100 - 290/100 - 300/100 - 310/100 - 320/100 - 330/100 - 340/100 - 350/100 - 360/100 - 370/100 - 380/100 - 390/100 - 400/100 - 410/100 - 420/100 - 430/100 - 440/100 - 450/100 - 460/100 - 470/100 - 480/100 - 490/100 - 500/100 - 510/100 - 520/100 - 530/100 - 540/100 - 550/100 - 560/100 - 570/100 - 580/100 - 590/100 - 600/100 - 610/100 - 620/100 - 630/100 - 640/100 - 650/100 - 660/100 - 670/100 - 680/100 - 690/100 - 700/100 - 710/100 - 720/100 - 730/100 - 740/100 - 750/100 - 760/100 - 770/100 - 780/100 - 790/100 - 800/100 - 810/100 - 820/100 - 830/100 - 840/100 - 850/100 - 860/100 - 870/100 - 880/100 - 890/100 - 900/100 - 910/100 - 920/100 - 930/100 - 940/100 - 950/100 - 960/100 - 970/100 - 980/100 - 990/100 - 1000/100 - 1010/100 - 1020/100 - 1030/100 - 1040/100 - 1050/100 - 1060/100 - 1070/100 - 1080/100 - 1090/100 - 1100/100 - 1110/100 - 1120/100 - 1130/100 - 1140/100 - 1150/100 - 1160/100 - 1170/100 - 1180/100 - 1190/100 - 1200/100 - 1210/100 - 1220/100 - 1230/100 - 1240/100 - 1250/100 - 1260/100 - 1270/100 - 1280/100 - 1290/100 - 1300/100 - 1310/100 - 1320/100 - 1330/100 - 1340/100 - 1350/100 - 1360/100 - 1370/100 - 1380/100 - 1390/100 - 1400/100 - 1410/100 - 1420/100 - 1430/100 - 1440/100 - 1450/100 - 1460/100 - 1470/100 - 1480/100 - 1490/100 - 1500/100 - 1510/100 - 1520/100 - 1530/100 - 1540/100 - 1550/100 - 1560/100 - 1570/100 - 1580/100 - 1590/100 - 1600/100 - 1610/100 - 1620/100 - 1630/100 - 1640/100 - 1650/100 - 1660/100 - 1670/100 - 1680/100 - 1690/100 - 1700/100 - 1710/100 - 1720/100 - 1730/100 - 1740/100 - 1750/100 - 1760/100 - 1770/100 - 1780/100 - 1790/100 - 1800/100 - 1810/100 - 1820/100 - 1830/100 - 1840/100 - 1850/100 - 1860/100 - 1870/100 - 1880/100 - 1890/100 - 1900/100 - 1910/100 - 1920/100 - 1930/100 - 1940/100 - 1950/100 - 1960/100 - 1970/100 - 1980/100 - 1990/100 - 2000/100 - 2010/100 - 2020/100 - 2030/100 - 2040/100 - 2050/100 - 2060/100 - 2070/100 - 2080/100 - 2090/100 - 2100/100 - 2110/100 - 2120/100 - 2130/100 - 2140/100 - 2150/100 - 2160/100 - 2170/100 - 2180/100 - 2190/100 - 2200/100 - 2210/100 - 2220/100 - 2230/100 - 2240/100 - 2250/100 - 2260/100 - 2270/100 - 2280/100 - 2290/100 - 2300/100 - 2310/100 - 2320/100 - 2330/100 - 2340/100 - 2350/100 - 2360/100 - 2370/100 - 2380/100 - 2390/100 - 2400/100 - 2410/100 - 2420/100 - 2430/100 - 2440/100 - 2450/100 - 2460/100 - 2470/100 - 2480/100 - 2490/100 - 2500/100 - 2510/100 - 2520/100 - 2530/100 - 2540/100 - 2550/100 - 2560/100 - 2570/100 - 2580/100 - 2590/100 - 2600/100 - 2610/100 - 2620/100 - 2630/100 - 2640/100 - 2650/100 - 2660/100 - 2670/100 - 2680/100 - 2690/100 - 2700/100 - 2710/100 - 2720/100 - 2730/100 - 2740/100 - 2750/100 - 2760/100 - 2770/100 - 2780/100 - 2790/100 - 2800/100 - 2810/100 - 2820/100 - 2830/100 - 2840/100 - 2850/100 - 2860/100 - 2870/100 - 2880/100 - 2890/100 - 2900/100 - 2910/100 - 2920/100 - 2930/100 - 2940/100 - 2950/100 - 2960/100 - 2970/100 - 2980/100 - 2990/100 - 3000/100 - 3010/100 - 3020/100 - 3030/100 - 3040/100 - 3050/100 - 3060/100 - 3070/100 - 3080/100 - 3090/100 - 3100/100 - 3110/100 - 3120/100 - 3130/100 - 3140/100 - 3150/100 - 3160/100 - 3170/100 - 3180/100 - 3190/100 - 3200/100 - 3210/100 - 3220/100 - 3230/100 - 3240/100 - 3250/100 - 3260/100 - 3270/100 - 3280/100 - 3290/100 - 3300/100 - 3310/100 - 3320/100 - 3330/100 - 3340/100 - 3350/100 - 3360/100 - 3370/100 - 3380/100 - 339			

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use at the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registration prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

1

8910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08909

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <i>Cabret</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o. STATE <i>Ind</i> b. COUNTY <i>Cabret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick (rural)</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Cabret County Hospital</i>		d. STREET ADDRESS —	
3. NAME OF DECEASED (Type or print) First <i>ERNEST</i> Middle <i>DENTON</i> Last		4. DATE OF DEATH Month <i>Aug.</i> Day <i>24</i> Year <i>1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 12, 1874</i>
9. AGE (In years, last birthday) <i>83</i> yrs.		IF UNDER 1 YEAR Months <i>10</i> Days <i>13</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
11. BIRTHPLACE (State or foreign country) <i>Cabret Co., Ind.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Denton</i>		14. MOTHER'S MAIDEN NAME <i>Henrietta Hutchins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-09-4248</i>	
17. INFORMANT <i>Ernestine Boyd-Pr. Frederick, Ind.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arteriosclerosis C.V. Disease</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Aug 16</i> , 19 <i>58</i> , to <i>Aug 24</i> , 19 <i>58</i> , that I last saw the deceased alive at <i>Aug 24</i> , 19 <i>58</i> , and that death occurred at <i>—</i> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Page Spitt</i>		ADDRESS (Street, city or town, state) DATE SIGNED <i>Prince Frederick Ind</i> <i>8/25/58</i>	
PHYSICIAN'S NAME (Type) <i>PAUL C JETT</i>		M.D. <i>PRINCE FREDERICK IND</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Aug. 27, 1958</i>	
22c. NAME OF CEMETERY OR CREMATORY <i>Water's Memorial Cem.</i>		22d. LOCATION (City, town, or county) (State) <i>Cabret County, Ind.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A.C. Harkness</i>		ADDRESS <i>Peru - Mutual, Ind.</i>	
24a. REC'D BY REGISTRAR DATE <i>AUG 27 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Charles E. Hume</i>	

CERTIFICATE OF DEATH

1910

Form with multiple lines for handwritten entry, including fields for name, date, and cause of death.



Vertical text on the right margin, likely containing filing or archival information.

CERTIFICATE OF DEATH

MEDICAL CERTIFICATION

VS A15 (4)
15M 9/55

4

2000

92

5-20

0.25 0.50 0.75 1.00 1.25 1.50 1.75 2.00 2.25 2.50 2.75 3.00 3.25 3.50 3.75 4.00 4.25 4.50 4.75 5.00 5.25 5.50 5.75 6.00 6.25 6.50 6.75 7.00 7.25 7.50 7.75 8.00 8.25 8.50 8.75 9.00 9.25 9.50 9.75 10.00 10.25 10.50 10.75 11.00 11.25 11.50 11.75 12.00 12.25 12.50 12.75 13.00 13.25 13.50 13.75 14.00 14.25 14.50 14.75 15.00 15.25 15.50 15.75 16.00 16.25 16.50 16.75 17.00 17.25 17.50 17.75 18.00 18.25 18.50 18.75 19.00 19.25 19.50 19.75 20.00 20.25 20.50 20.75 21.00 21.25 21.50 21.75 22.00 22.25 22.50 22.75 23.00 23.25 23.50 23.75 24.00 24.25 24.50 24.75 25.00 25.25 25.50 25.75 26.00 26.25 26.50 26.75 27.00 27.25 27.50 27.75 28.00 28.25 28.50 28.75 29.00 29.25 29.50 29.75 30.00 30.25 30.50 30.75 31.00 31.25 31.50 31.75 32.00 32.25 32.50 32.75 33.00 33.25 33.50 33.75 34.00 34.25 34.50 34.75 35.00 35.25 35.50 35.75 36.00 36.25 36.50 36.75 37.00 37.25 37.50 37.75 38.00 38.25 38.50 38.75 39.00 39.25 39.50 39.75 40.00 40.25 40.50 40.75 41.00 41.25 41.50 41.75 42.00 42.25 42.50 42.75 43.00 43.25 43.50 43.75 44.00 44.25 44.50 44.75 45.00 45.25 45.50 45.75 46.00 46.25 46.50 46.75 47.00 47.25 47.50 47.75 48.00 48.25 48.50 48.75 49.00 49.25 49.50 49.75 50.00 50.25 50.50 50.75 51.00 51.25 51.50 51.75 52.00 52.25 52.50 52.75 53.00 53.25 53.50 53.75 54.00 54.25 54.50 54.75 55.00 55.25 55.50 55.75 56.00 56.25 56.50 56.75 57.00 57.25 57.50 57.75 58.00 58.25 58.50 58.75 59.00 59.25 59.50 59.75 60.00 60.25 60.50 60.75 61.00 61.25 61.50 61.75 62.00 62.25 62.50 62.75 63.00 63.25 63.50 63.75 64.00 64.25 64.50 64.75 65.00 65.25 65.50 65.75 66.00 66.25 66.50 66.75 67.00 67.25 67.50 67.75 68.00 68.25 68.50 68.75 69.00 69.25 69.50 69.75 70.00 70.25 70.50 70.75 71.00 71.25 71.50 71.75 72.00 72.25 72.50 72.75 73.00 73.25 73.50 73.75 74.00 74.25 74.50 74.75 75.00 75.25 75.50 75.75 76.00 76.25 76.50 76.75 77.00 77.25 77.50 77.75 78.00 78.25 78.50 78.75 79.00 79.25 79.50 79.75 80.00 80.25 80.50 80.75 81.00 81.25 81.50 81.75 82.00 82.25 82.50 82.75 83.00 83.25 83.50 83.75 84.00 84.25 84.50 84.75 85.00 85.25 85.50 85.75 86.00 86.25 86.50 86.75 87.00 87.25 87.50 87.75 88.00 88.25 88.50 88.75 89.00 89.25 89.50 89.75 90.00 90.25 90.50 90.75 91.00 91.25 91.50 91.75 92.00 92.25 92.50 92.75 93.00 93.25 93.50 93.75 94.00 94.25 94.50 94.75 95.00 95.25 95.50 95.75 96.00 96.25 96.50 96.75 97.00 97.25 97.50 97.75 98.00 98.25 98.50 98.75 99.00 99.25 99.50 99.75 100.00 100.25 100.50 100.75 101.00 101.25 101.50 101.75 102.00 102.25 102.50 102.75 103.00 103.25 103.50 103.75 104.00 104.25 104.50 104.75 105.00 105.25 105.50 105.75 106.00 106.25 106.50 106.75 107.00 107.25 107.50 107.75 108.00 108.25 108.50 108.75 109.00 109.25 109.50 109.75 110.00 110.25 110.50 110.75 111.00 111.25 111.50 111.75 112.00 112.25 112.50 112.75 113.00 113.25 113.50 113.75 114.00 114.25 114.50 114.75 115.00 115.25 115.50 115.75 116.00 116.25 116.50 116.75 117.00 117.25 117.50 117.75 118.00 118.25 118.50 118.75 119.00 119.25 119.50 119.75 120.00 120.25 120.50 120.75 121.00 121.25 121.50 121.75 122.00 122.25 122.50 122.75 123.00 123.25 123.50 123.75 124.00 124.25 124.50 124.75 125.00 125.25 125.50 125.75 126.00 126.25 126.50 126.75 127.00 127.25 127.50 127.75 128.00 128.25 128.50 128.75 129.00 129.25 129.50 129.75 130.00 130.25 130.50 130.75 131.00 131.25 131.50 131.75 132.00 132.25 132.50 132.75 133.00 133.25 133.50 133.75 134.00 134.25 134.50 134.75 135.00 135.25 135.50 135.75 136.00 136.25 136.50 136.75 137.00 137.25 137.50 137.75 138.00 138.25 138.50 138.75 139.00 139.25 139.50 139.75 140.00 140.25 140.50 140.75 141.00 141.25 141.50 141.75 142.00 142.25 142.50 142.75 143.00 143.25 143.50 143.75 144.00 144.25 144.50 144.75 145.00 145.25 145.50 145.75 146.00 146.25 146.50 146.75 147.00 147.25 147.50 147.75 148.00 148.25 148.50 148.75 149.00 149.25 149.50 149.75 150.00 150.25 150.50 150.75 151.00 151.25 151.50 151.75 152.00 152.25 152.50 152.75 153.00 153.25 153.50 153.75 154.00 154.25 154.50 154.75 155.00 155.25 155.50 155.75 156.00 156.25 156.50 156.75 157.00 157.25 157.50 157.75 158.00 158.25 158.50 158.75 159.00 159.25 159.50 159.75 160.00 160.25 160.50 160.75 161.00 161.25 161.50 161.75 162.0

2002

1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation

5

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08911

8912

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Calvert</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Charles</i>	
CITY (If outside corporate limits, write RURAL OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
TOWN <i>Prince Frederick</i>		<i>2 days</i>		TOWN <i>Benedict</i>		<i>08X-2</i> ✓	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <i>Bessie</i> (Middle) <i>Mae</i> (Last) <i>Higgs</i>				(Month) <i>8</i> (Day) <i>15</i> (Year) <i>19 58</i>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<i>Female</i>	<i>white</i>		<i>10/21/00</i>	<i>57</i> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Housewife</i>		<i>Self</i>		<i>Maryland</i>		<i>U.S.A.</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>John Springfield</i>				<i>Alice Bond</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>No</i>		<i>None</i>		<i>Mary Alice Murphy - daughter - Benedict</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
190.5 IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
<i>190.5</i>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
		White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>9/15</i> , 19 <i>58</i> , to <i>9/15</i> , 19 <i>58</i> , that I last saw the deceased alive on <i>8/15</i> , 19 <i>58</i> , and that death occurred at <i>6:25 P.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>[Signature]</i>				ADDRESS (Street, city, town, state)			
				DATE SIGNED <i>8/16/58</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<i>Burial</i>		<i>8/18/58</i>		<i>St Marys</i>		<i>Bryantown, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<i>AUG 20 '58</i>		<i>Arthur S. Kraus</i>		<i>The Hunt Funeral Home, Waldorf, Md.</i>			
DATE							

CERTIFICATE OF DEATH

8013

AND CAUSE

1. DATE OF DEATH

2. PLACE OF DEATH

3. TIME OF DEATH

4. SEX

5. AGE

6. OCCUPATION

7. MARITAL STATUS

8. EDUCATION

9. RELIGION

10. RACE

11. BIRTH DATE

12. BIRTH PLACE

13. BIRTH ORDER

14. BIRTH SEX

15. BIRTH TIME

16. BIRTH PLACE

17. BIRTH ORDER

18. BIRTH SEX

19. BIRTH TIME

20. BIRTH PLACE

21. BIRTH ORDER

22. BIRTH SEX

23. BIRTH TIME

24. BIRTH PLACE

25. BIRTH ORDER

26. BIRTH SEX

27. BIRTH TIME

28. BIRTH PLACE

29. BIRTH ORDER

30. BIRTH SEX

31. BIRTH TIME

32. BIRTH PLACE

33. BIRTH ORDER

34. BIRTH SEX

35. BIRTH TIME

36. BIRTH PLACE

37. BIRTH ORDER

38. BIRTH SEX

39. BIRTH TIME

40. BIRTH PLACE

41. BIRTH ORDER

42. BIRTH SEX

43. BIRTH TIME

44. BIRTH PLACE

45. BIRTH ORDER

46. BIRTH SEX

47. BIRTH TIME

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49. BIRTH ORDER

50. BIRTH SEX

51. BIRTH TIME

52. BIRTH PLACE

53. BIRTH ORDER

54. BIRTH SEX

55. BIRTH TIME

56. BIRTH PLACE

57. BIRTH ORDER

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60. BIRTH PLACE

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62. BIRTH SEX

63. BIRTH TIME

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69. BIRTH ORDER

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71. BIRTH TIME

72. BIRTH PLACE

73. BIRTH ORDER

74. BIRTH SEX

75. BIRTH TIME

76. BIRTH PLACE

77. BIRTH ORDER

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79. BIRTH TIME

80. BIRTH PLACE

81. BIRTH ORDER

82. BIRTH SEX

83. BIRTH TIME

84. BIRTH PLACE

85. BIRTH ORDER

86. BIRTH SEX

87. BIRTH TIME

88. BIRTH PLACE

89. BIRTH ORDER

90. BIRTH SEX

91. BIRTH TIME

92. BIRTH PLACE

93. BIRTH ORDER

94. BIRTH SEX

95. BIRTH TIME

96. BIRTH PLACE

97. BIRTH ORDER

98. BIRTH SEX

99. BIRTH TIME

100. BIRTH PLACE

101. BIRTH ORDER

102. BIRTH SEX

103. BIRTH TIME

104. BIRTH PLACE

105. BIRTH ORDER

106. BIRTH SEX

107. BIRTH TIME

108. BIRTH PLACE

109. BIRTH ORDER

110. BIRTH SEX

111. BIRTH TIME

112. BIRTH PLACE

113. BIRTH ORDER

114. BIRTH SEX

115. BIRTH TIME

116. BIRTH PLACE

117. BIRTH ORDER

118. BIRTH SEX

119. BIRTH TIME

120. BIRTH PLACE

121. BIRTH ORDER

122. BIRTH SEX

123. BIRTH TIME

124. BIRTH PLACE

125. BIRTH ORDER

126. BIRTH SEX

127. BIRTH TIME

128. BIRTH PLACE

129. BIRTH ORDER

130. BIRTH SEX

131. BIRTH TIME

132. BIRTH PLACE

133. BIRTH ORDER

134. BIRTH SEX

135. BIRTH TIME

136. BIRTH PLACE

137. BIRTH ORDER

138. BIRTH SEX

139. BIRTH TIME

140. BIRTH PLACE

141. BIRTH ORDER

142. BIRTH SEX

143. BIRTH TIME

144. BIRTH PLACE

145. BIRTH ORDER

146. BIRTH SEX

147. BIRTH TIME

148. BIRTH PLACE

149. BIRTH ORDER

150. BIRTH SEX

151. BIRTH TIME

152. BIRTH PLACE

153. BIRTH ORDER

154. BIRTH SEX

155. BIRTH TIME

156. BIRTH PLACE

157. BIRTH ORDER

158. BIRTH SEX

159. BIRTH TIME

160. BIRTH PLACE

161. BIRTH ORDER

162. BIRTH SEX

163. BIRTH TIME

164. BIRTH PLACE

165. BIRTH ORDER

166. BIRTH SEX

167. BIRTH TIME

168. BIRTH PLACE

169. BIRTH ORDER

170. BIRTH SEX

171. BIRTH TIME

172. BIRTH PLACE

173. BIRTH ORDER

174. BIRTH SEX

175. BIRTH TIME

176. BIRTH PLACE

177. BIRTH ORDER

178. BIRTH SEX

179. BIRTH TIME

180. BIRTH PLACE

181. BIRTH ORDER

182. BIRTH SEX

183. BIRTH TIME

184. BIRTH PLACE

185. BIRTH ORDER

186. BIRTH SEX

187. BIRTH TIME

188. BIRTH PLACE

189. BIRTH ORDER

190. BIRTH SEX

191. BIRTH TIME

192. BIRTH PLACE

193. BIRTH ORDER

194. BIRTH SEX

195. BIRTH TIME

196. BIRTH PLACE

197. BIRTH ORDER

198. BIRTH SEX

199. BIRTH TIME

200. BIRTH PLACE

201. BIRTH ORDER

202. BIRTH SEX

203. BIRTH TIME

204. BIRTH PLACE

205. BIRTH ORDER

206. BIRTH SEX

207. BIRTH TIME

208. BIRTH PLACE

209. BIRTH ORDER

210. BIRTH SEX

211. BIRTH TIME

212. BIRTH PLACE

213. BIRTH ORDER

214. BIRTH SEX

215. BIRTH TIME

216. BIRTH PLACE

217. BIRTH ORDER

218. BIRTH SEX

219. BIRTH TIME

220. BIRTH PLACE

221. BIRTH ORDER

222. BIRTH SEX

223. BIRTH TIME

224. BIRTH PLACE

225. BIRTH ORDER

226. BIRTH SEX

227. BIRTH TIME

228. BIRTH PLACE

229. BIRTH ORDER

230. BIRTH SEX

231. BIRTH TIME

232. BIRTH PLACE

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241. BIRTH ORDER

242. BIRTH SEX

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249. BIRTH ORDER

250. BIRTH SEX

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255. BIRTH TIME

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258. BIRTH SEX

259. BIRTH TIME

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261. BIRTH ORDER

262. BIRTH SEX

263. BIRTH TIME

264. BIRTH PLACE

265. BIRTH ORDER

266. BIRTH SEX

267. BIRTH TIME

268. BIRTH PLACE

269. BIRTH ORDER

270. BIRTH SEX

271. BIRTH TIME

272. BIRTH PLACE

273. BIRTH ORDER

274. BIRTH SEX

275. BIRTH TIME

276. BIRTH PLACE

277. BIRTH ORDER

278. BIRTH SEX

279. BIRTH TIME

280. BIRTH PLACE

281. BIRTH ORDER

282. BIRTH SEX

283. BIRTH TIME

284. BIRTH PLACE

285. BIRTH ORDER

286. BIRTH SEX

287. BIRTH TIME

288. BIRTH PLACE

289. BIRTH ORDER

290. BIRTH SEX

291. BIRTH TIME

292. BIRTH PLACE

293. BIRTH ORDER

294. BIRTH SEX

295. BIRTH TIME

296. BIRTH

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08912

8913

CERTIFICATE OF DEATH

Reg. Dist. No.

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

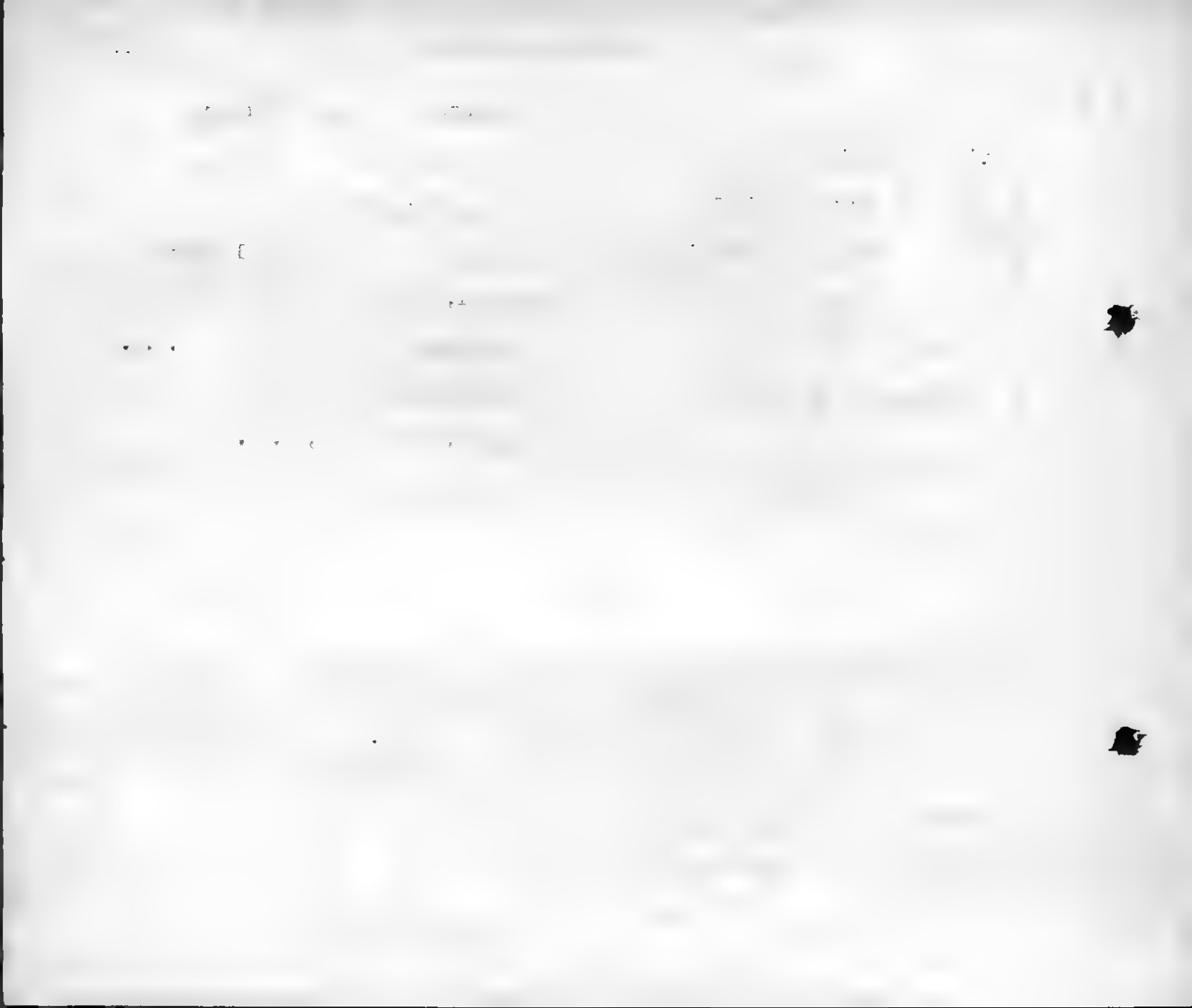
2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Frederick</u>		<u>3 days</u>		TOWN <u>Island Creek</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Grace</u>		(Middle)		(Last) <u>Holland</u>		(Month) (Day) (Year)	
						<u>August 22 1958</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>Negro</u>	<u>Married</u>	<u>4/29/14</u>	<u>44</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>Housework</u>					<u>Maryland</u>		<u>U.S.A.</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Wesley Gross</u>				<u>Elizabeth Parker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>				<u>Motheß</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
4477 IMMEDIATE CAUSE (A) <u>Cerebral accident due to</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Essential Hypertension c v d</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDIT ON CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> el work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 19 1958</u> , to <u>Aug 22 1958</u> , that I last saw the deceased alive on <u>Aug 22 1958</u> , and that death occurred at <u>8:45</u> M., from the causes and on the date stated above.							
SIGNATURE <u>R. E. Sewell</u>				DATE SIGNED <u>8/24</u>			
M. D.				ADDRESS (Street, city, town, state)			
				<u>St. James</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
		<u>8-26-58</u>		<u>Brooks</u>		<u>Island Creek</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				<u>P. E. Sewell, Pr. Fred, Md</u>			
DATE <u>SEP 2 '58</u>							

THE
LIBRARY OF THE
MUSEUM OF
COMPARATIVE ZOOLOGY
AT HARVARD UNIVERSITY
CAMBRIDGE, MASS.

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INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08914

8915

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN				TOWN <u>Willows</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>County Hosp</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>Mary</u> (First) <u>Reid</u> (Middle) (Last)				4. DATE OF DEATH (Month) <u>8</u> (Day) <u>27</u> (Year) <u>1958</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>March 1872</u>	
9. AGE last birthday <u>86</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13. FATHER'S NAME <u>Amos Bradley</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Carl Brown Willows</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X IMMEDIATE CAUSE (A) <u>Cardiovascular Renal Disease</u>				<u>5 yrs</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Age</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Found in home unconscious</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/20</u>, 19<u>58</u>, to <u>8/27</u>, 19<u>58</u>, that I last saw the deceased alive on <u>8/20</u>, 19<u>58</u>, and that death occurred at <u>4 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>H. W. Ward</u> M.D.				DATE SIGNED <u>8/28/58</u>			
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>8-29-58</u>		NAME OF CEMETERY OR CREMATORY <u>St. Edmonds</u>		LOCATION (City, town, or county) (State) <u>Sunderland Md</u>	
24. REC'D BY REGISTRAR <u>SEP 3 '58</u>		REGISTRAR'S SIGNATURE <u>Charles S. Kraus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. E. Sewell</u>		ADDRESS <u>Prince Frederick.</u>	

CERTIFICATE OF DEATH

1914

Colbert

Colbert

White

1

1

Married

Married

1875

1875

Married

Married

Married

1914

1914

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

Item 21b Film 232 8-20-58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 7 Film 232 8/15/58

08915

8916

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>AA Calvert</u>	
CITY OR TOWN <u>Brown Fred</u>		LENGTH OF STAY (in this place)		CITY OR TOWN <u>Severn</u>		(If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Frederick Gen'l Hosp.</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED				4. DATE OF DEATH			
(First) <u>Clara</u>		(Middle) <u>F</u>		(Last) <u>Westerman</u>		(Month) (Day) (Year)	
(Type or Print)							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 6 1868</u>	9. AGE last birthday <u>90</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frederick Westerman</u>				14. MOTHER'S MAIDEN NAME <u>Clara</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS <u>Mrs James Valiant, Olney, Md.</u>			
(If Yes, give war or dates of service)							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
9040 IMMEDIATE CAUSE (A) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Fracture of hip</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Fell at home</u>		21c. WHERE DID INJURY OCCUR? (City or town) <u>Severn</u>		(County) (State) <u>AA</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>			
22. I hereby certify that I attended the deceased from <u>7/27</u> , 19 <u>58</u> , to <u>8/8</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>8/7</u> , 19 <u>58</u> , and that death occurred at <u>1:30</u> P.M., from the causes and on the date stated above.							
SIGNATURE <u>A. W. Jones</u>				ADDRESS (Street, city, town, State) <u>Baltimore, Md.</u>			
M.D. <u>Arthur W. Jones</u>				DATE SIGNED <u>8 Aug 58</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Aug. 11, 1958</u>		NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>		LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Arthur W. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Chubbey</u>			
DATE <u>AUG 12 1958</u>				ADDRESS <u>Hopping and Kirkley, Glen Burnie, Md.</u>			

02013

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12

CERTIFICATE OF DEATH

1916

11

Name of Deceased		Date of Birth	
John Doe		Jan 1, 1880	
Sex		Race	
Male		White	
Place of Birth		Date of Death	
Baltimore, Md.		Jan 15, 1916	
Cause of Death		Place of Death	
Heart Disease		Home	
Duration of Illness		Signature of Physician	
One Week		J. H. Smith, M.D.	
Signature of Registrar		Signature of Coroner	
A. B. Jones		C. D. Brown	
Official Seal		Official Seal	

DIPODMM